

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5	3					
6	3					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
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24	1					
25	1					
26	1					
27	1					
28	1					
29	1	0				
30	1	0				
31	1	0				
32	1	0				
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34	1	0				
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36	1	0				
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38	1	0				
39	1	0				
40	1	0				
41	1	0				
42	1	0				
43	1	0				
44	1	0				
45	1	0				
46	1	0				
47	1	0				
48	1	0				
49	1	0				
50	1	0				
TOTAL IND.			11	11	11	11
TOTAL DEP.			11	11	11	11
TOTAL CLAIMS			11	11	11	11

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY

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SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
/1						
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/47						
/48						
/49						
/50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*
51			5			
52			5			
53			5			
54			5			
55			5			
56			5			
57			5			
58			5			
59			5			
60			5			
61			5			
62			5			
63			5			
64			5			
65			5			
66			5			
67			5			
68			5			
69			5			
70			5			
71			5			
72			5			
73			5			
74			5			
75			5			
76			5			
77			5			
78			5			
79			5			
80			5			
81			5			
82			5			
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84			5			
85			5			
86			5			
87			5			
88			5			
89			5			
90			5			
91			5			
92			5			
93			5			
94			5			
95			5			
96			5			
97			5			
98			5			
99			5			
100			5			
TOTAL IND.			5			
TOTAL DEP.			5			
TOTAL CLAIMS			5			

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